

MAR-13-2006 MON 01:41 PM

FAX NO. 16508134848

P. 01/20

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MAR 13 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Yang (Jeff) JIAO Docket No.: 372465-01501 (336946)  
Serial No.: 10/671,849 Art Unit: 2676  
Filed: September 25, 2003 Examiner: Cachera, Antonio A.  
For: ANTI-ALIASING LINE PIXEL COVERAGE

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Total Pages Faxed: 20

TRANSMITTAL FOR AMENDMENT & RESPONSE  
UNDER 37 CFR 1.111

I. ENCLOSURES

Transmitted herewith are the following documents for the above-referenced application:

- 18 Page Amendment & Response Under 37 CFR 1.111.

II. STATUS

- Applicant is a large entity.

III. EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

<u>Extension (months)</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two months	\$ 450.00	\$225.00

Fee \$0.00

- If an additional extension of time is required please consider this a petition therefore.  
 Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being forwarded via facsimile to Examiner Antonio Cachera in Art Group Unit 2676 at facsimile number 571.273.8300 located at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on

Date: March 13, 2006

*[Signature]*  
Volene Turville-Owen

10/671,849

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12468743.1

**IV. FEE FOR CLAIMS**

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	<i>OR</i>	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate	Addit. Fee
Total * 22	Minus *0*	28	0	x25= \$0	x50= \$0	
Indep. * 1	Minus *0*	3	0	x100= \$0	x200= \$0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+180=	\$0	x360=	\$0
				TOTAL ADDIT. FEE \$0	<i>OR</i>	TOTAL ADDIT. FEE \$0

- No additional fee for claims required.  
 Total additional fee for claims required \$0.

**V. FEE PAYMENT**

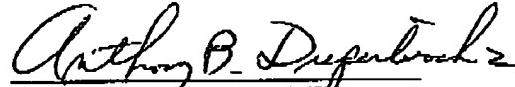
- Please charge Deposit Account No. 50-2778 the sum of \$0 for \_\_\_\_\_.

**VI. FEE DEFICIENCY**

- The Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.

Respectfully submitted,

DECHERT LLP



Anthony B. Diepenbrock III  
Reg. No. 39,960

Dated: March 13, 2006

DECHERT LLP  
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Facsimile: 650.813.4848

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**AMENDMENT & RESPONSE UNDER 37 C.F.R. 1.111**

In response to the office action mailed on December 13, 2005, please amend the above-identified application and consider the remarks as set forth herein.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** begin on page 3 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

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